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STRENGHT IN PARTNERSHIP: HOW HUSBAND'S SUPPORT RELATE TO MATERNAL ANXIETY IN CHILD CARE

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ABSTRACT
Pregnant women are often filled with anxiety, especially those who are pregnant for the first time, especially before labor. Mothers about to give birth experience excessive emotions, leading to high levels of anxiety, a state where they constantly think about potential negative outcomes. The lack of social support can exacerbate the emotional and physical burden on mothers. Many new mothers feel unprepared regarding infant care, breastfeeding, and infant sleep patterns. This study aimed to examine the relationship between husband's support and maternal anxiety in facing childbirth. This can lead to feelings of insecurity and stress in their new role as mothers. This study used a quantitative cross-sectional design. This study analyzed the relationship between husband's support and anxiety levels. The population of pregnant women in their third trimester in the Bancak Community Health Center (Puskesmas) working area was 75 respondents in the last three months of January 2025. A sample of 63 respondents was obtained. The researcher used a questionnaire as an instrument. This study utilized univariate and bivariate data analysis. The Rank Spearman statistical test yielded a p-value of 0.000 < α (0.05). Therefore, it can be concluded that there is a relationship between husband's support and the level of anxiety facing childbirth in the Bancak Community Health Center area. There is a relationship between husband's support and the level of anxiety facing childbirth.

Keywords: anxiety; childbirth; husband's support

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INTRODUCTION

Pregnancy causes numerous alterations both physically and psychologically; therefore, maintaining a supportive condition for body and mind is essential to ensure the pregnancy and childbirth proceed smoothly. For beginner family, Mother Which just got pregnant for the first time first time (*primigravida*), pregnancy is period transition from time children become person old with characteristics Which settled and own not quite enough Answer. The experience of facing a first pregnancy can cause feelings of anxiety for pregnant women (Yulaikha, 2019).

The mother who about to give birth, she has excessive emotions, which can cause problems high anxiety, a condition where the mother always thinks about bad things Possible happened (Mawardika, 2022) . Feelings of anxiety tend to intensify once pregnancy reaches seven months or more and as childbirth draws near. At this stage, mothers often start imagining the delivery process, the possible pain, the stress involved, and even the fear of death during labor (Bahiyatun, 2019) .

The anxiety experienced by someone facing childbirth can be caused by various factors. The main causes include hormonal changes that can affect emotions, fears about one's own and one's baby's health, life changes and new responsibilities, and financial concerns (Sephtia, 2020) . First-time mothers experience many physical changes, both during pregnancy and after delivery (Rendita, 2019).

Many new mothers feel happy but also anxious, tired, and even experience "*baby blues*" or postpartum depression. Support from partners, family, and friends is crucial in the process of adapting to new motherhood (Wardani, 2019) . A lack of social support can exacerbate the emotional and physical burden on mothers. Many new mothers feel unprepared regarding infant care, breastfeeding, and infant sleep patterns. This can lead to feelings of insecurity and stress in their new role as mothers (Hardianti, 2019) .

Fear of not being a good parent and concerns about social support are also common. Furthermore, trauma from negative past experiences, feelings of unpreparedness, and pre-existing mental health issues can increase anxiety (Usman, 2019) . Managing anxiety in healthy ways, such as talking with a partner, family, or medical professionals, is essential for well-being during pregnancy and childbirth (Puapita, 2019) .

Level primigravida anxiety in facing the birth of a baby in women who are pregnant for the first time is higher than in women Which Already pregnant For second times (Taufik., 2020) . The emergence anxiety on primigravida influenced by change physique Which happen during pregnancy (Annisa, 2024) . Pregnant women often experience anxiety in the third trimester up to the time of delivery, particularly as the due date draws closer. Such feelings of fear or worry are common, especially during a first pregnancy, since the experience is entirely new for the mother (Maimunah, 2018) . There are various ways to reduce anxiety, including prenatal exercise, distraction, biofeedback, yoga, acupressure, aromatherapy, steam therapy, hypnosis, and one of them is husband's support (Desi, 2021) .

A husband's support for his wife can take the form of emotional support, offering encouragement, motivation, and positive words, demonstrating empathy and understanding of his wife's feelings, and being a good listener. Informational support involves seeking information related to his wife's needs, such as about pregnancy health and a healthy lifestyle. Instrumental support involves helping with household chores and daily errands, and taking his wife to health facilities. Appraisal support involves appreciating his wife's efforts and sacrifices (Fithriany, 2021). This study aims to determine husband-support relationship with level anxiety about giving birth.

METHOD

Design study Which used in study This is research quantitative with approach Cross *Ross sectional. This* study analyzes the relationship between variables Husband's support and anxiety levels were measured simultaneously. The population of pregnant women in the Bancak Community Health Center's work area was 75 respondents in the last 3 months, January-March 2025. Based on the Slovin calculation, the sample size was 63 respondents. The sampling technique in this study was carried out using the purposive *sampling* method. This, researchers use instrument in the form of questionnaire. The validity test on the husband's support questionnaire was conducted by Sari (2018) at the Mlati I Health Center on March 2-March 9, 2018 with 20 respondents in the third trimester of primigravida pregnant women. The results obtained were rcount = 0.563> rtable = 0.444 so that it was declared valid. The HARS questionnaire was conducted by Nursalam 2018 using Cronbach's alpha with a 5% error rate on 25 valid questions. The results showed that all statements were declared reliable with a value of rcount = 0.867> rtable = 0.06. The measuring instrument used has passed the ethical test with Number 369 / KEP / EC / UNW / 2025. Data analysis using the *Spearman Rank correlation test* yielded a P value < 0.05.

RESULT

Table 1
Respondent Characteristics Based on Age (n = 63)

Category	f	%
Late Teenagers < 20 Years	2	3.2
Early Adulthood 20-35 Years	30	47.6
Late Adulthood > 35 Years	31	49.2

Table 1, it shows that the age of mothers in the late teenage category < 20 years was 2 respondents (3.2%), early adulthood 20-35 years was 30 respondents (47.6%) and late adulthood > 35 years was 31 respondents (49.2%).

Table 2
Respondent Characteristics Based on Husband's Education (n=63)

Category	**f**	**%**
Junior High School	7	11.1
Senior High School	49	77.8
Diplomat/Bachelor	7	11.1

Table 2, it shows that the majority of husbands' education was high school education, amounting to 49 respondents (77.8%).

Table 3
Frequency Distribution of Respondents Based on Wife's Education (n=63)

Category	f	%
Junior High School	8	12.7
Senior High School	43	68.3
Diplomat/Bachelor	12	19.0

Table 3, it shows that the majority of wives' education is high school education, amounting to 43 respondents (68.3%).

Table 4
Frequency Distribution of Respondents Based on Socioeconomics (n=63)

Category	f	%
Tall	7	11.1
Currently	27	42.9
Low	29	46.0

Table 4, it shows that the majority of respondents have a low socio-economic status, namely 29 respondents (46%).

Table 5
Frequency Distribution of Husband's Support (n=63)

Category	**f**	**%**
Support	28	44.4
Does not support	35	55.6

Table 5, it shows that respondents in the supporting category were 28 respondents (44.4%) and respondents who did not receive support from their husbands were 35 respondents (55.6%).

Table 6
Frequency Distribution of Anxiety Levels (n=63)

Category	**f**	**%**
No Anxiety	22	34.9
Mild Anxiety	8	12.7
Moderate Anxiety	4	6.3
Severe Anxiety	28	44.4
Panic	1	1.6

Table 6, it shows that the majority of respondents have a high level of anxiety, namely 28 respondents (44.4%). Table 7 the analysis of the relationship between husband's support and maternal anxiety during childbirth in the Bancak Health Center area shows several findings. A total of 22 respondents (34.9%) who received support from their husbands reported no anxiety, while 6 respondents (9.5%) with support still experienced mild anxiety. Meanwhile, among those without husband's support, 2 respondents (3.3%) experienced mild anxiety, 4 respondents (6.3%) had

moderate anxiety, and 28 respondents (44.4%) suffered from severe anxiety. In addition, 1 respondent (1.6%) without support experienced panic-level anxiety. Overall, there were 29 respondents (46%) in the unsupported group who fell into the categories of severe or panic anxiety.

Table 1
Husband Support Relationship with Level Anxiety Facing Childbirth

Husband's Support	Anxiety										Total		*P value*	*Spearman rho*
	There isn't any		Light		Currently		Heavy		Panic				0.001	
	f	%	f	%	f	%	f	%	f	%	f	%		
Support	22	34.9	6	9.5	0	0	0	0	0	0	28	44.4		0.913
Does not support	0	0	2	3.3	4	6.3	28	44.4	1	1.6	35	55.6		

The statistical analysis using *Spearman's Rank* test produced a p-value of 0.001, which is smaller than the significance level of 0.05. This indicates a significant relationship between husband's support and the level of maternal anxiety in facing childbirth at the Bancak Health Center area. Furthermore, the Spearman Rho correlation coefficient was found to be r = 0.913, showing that the correlation between husband's support and maternal anxiety falls into the strong category.

DISCUSSION

Respondent Characteristics Based on Age

The age characteristics of the respondents in this study show that the age of the mother in the late teenage category < 20 years was 2 respondents (3.2%), early adulthood 20-35 years was 30 respondents (47.6%) and late adulthood > 35 years was 31 respondents (49.2%). Previous research supports these findings. A study by Lestari (2021) found that late-adult mothers had higher participation rates in maternal and child health programs compared to younger mothers. This was attributed to factors such as maturity in thinking, previous experience in parenting, and higher levels of health literacy. Another study by Sari (2020) also confirmed that age influences mothers' attitudes and behaviors in responding to health information provided by medical personnel. Late adulthood is often associated with psychological and emotional maturity, as well as greater experience in parenting or motherhood. At this age, individuals tend to have stability in decision-making and are more open to health education and information. Factors such as life experience, mental readiness, and established social roles as wives and mothers influence their involvement in various activities, including research (Astria, 2019)

Respondent Characteristics Based on Husband's Education

The results showed that the majority of respondents' husbands had a high school education, namely 49 (77.8%). Previous research has shown a significant relationship between a husband's education level and his involvement in family health. A study by Anwar (2020) showed that husbands with a high school education were more likely to be involved in their wives' health decisions than those with less education. This finding is also supported by research by Mulyani (2021) , who found that a husband's education influenced his wife's support for participating in reproductive health programs. Husbands with a high school education generally have sufficient insight to recognize the importance of their participation. Education level is a social factor that influences an individual's mindset, attitudes, and behavior, including supporting the health of their wife and family. A husband's education plays a crucial role in family decision-making, particularly regarding meeting health needs, understanding medical information, and providing psychological support to his wife (Yanianik, 2022) .

Respondent Characteristics Based on Wife's Education

The study results showed that the majority of respondents' wives had a high school education (SMA), namely 43 women (68.3%). Previous research supports this finding. A study by Rahmawati (2021) found that mothers with a high school education had better knowledge and attitudes regarding parenting and reproductive health than mothers with less education. Furthermore, research by Handayani (2020) also showed a correlation between maternal education level and

adherence to immunizations, antenatal care (ANC) visits, and clean and healthy living behaviors (PHBS). This demonstrates that a high school education provides a strong foundation for supporting positive health behaviors. A wife's education level plays a significant role in determining her perspective, understanding, and behavior regarding maintaining her own health, that of her family, and making household decisions. Education also influences the extent to which a mother is able to receive information, follow medical instructions, and actively participate in health programs offered by health workers (Rinata, 2019). Individual perceptions of health are influenced by educational attainment, as education provides a cognitive foundation for understanding risks, benefits, and the importance of preventive measures. Mothers with a high school education generally possess sufficient functional literacy skills to read health brochures, understand medical instructions, and actively interact with healthcare professionals. Education also increases mothers' confidence in making decisions regarding child and family care, particularly in the context of promotive and preventive care (Notoadmodjo, 2019) .

Respondent Characteristics Based on Socioeconomics

The results showed that the majority of respondents were from a low socioeconomic level, namely 29 respondents (46%). Previous research aligns with these findings. A study by Fitriyani (2020) showed that mothers from low-income families had lower health knowledge and behaviors than mothers from middle- to upper-income families. Similarly, a study by Marlina (2021) explained that economic constraints are a major barrier to implementing preventive and promotive health care. Low income limits the ability to purchase healthy food, pay for transportation to health facilities, and lacks opportunities to access health education and information. This low socioeconomic status is largely influenced by the respondents, who are generally young couples, whose jobs and incomes are unstable. Economic immaturity often results in limitations in meeting basic family needs, including access to healthcare, balanced nutrition, and other supporting facilities. This makes this group vulnerable to various physical and mental health problems, including dependence on extended family members, especially parents (Marlina, 2021).

Husband's Support Overview

The results of the study showed that respondents in the supportive category were 28 respondents (44.4%) and respondents who did not receive support from their husbands were 35 respondents (55.6%). Research by Çapik (2018) shows that pregnant women who receive high levels of social support from their partners tend to have lower levels of anxiety leading up to delivery. Similarly, research by Nasrullah (2020) found that husbands who actively support their wives during pregnancy and leading up to delivery can reduce anxiety and increase maternal preparedness for childbirth. Factors that contribute to husband support include good communication between partners, a higher level of education for the husband, and previous experience in similar situations (Astuti, 2020) . Husbands who have a better understanding of their wives' conditions tend to be more responsive and empathetic, thus providing more effective emotional and instrumental support. Furthermore, participation in antenatal classes or family counseling can also improve husbands' knowledge of how to provide appropriate support (Selvia, 2022) .

Studies show that husbands receive the least informational support compared to other participants. This is due to husbands' lack of involvement and attempts to obtain information about pregnancy from more experienced individuals, as well as pregnant women's perceptions that their husbands only provide information as decision-makers and are not actively involved in the information gathering process. The theory that husbands' knowledge of maternal anxiety and their desire to improve the family's well-being are contributing factors supports the study's findings (Jhaquin, 2020) .

Anxiety Level Overview

The results showed that the majority of respondents had severe anxiety, 28 respondents (44.4%). Previous research by Saputri (2021) also supported this finding, finding that pregnant women who

lacked support from their partners were at higher risk of experiencing severe anxiety before delivery than those who received adequate support. Similar research by Rachmawati (2020) showed that emotional support from a husband, such as hugs, attendance at prenatal checkups, or expressions of empathy, can significantly reduce anxiety symptoms. Severe anxiety can be characterized by physical and psychological symptoms such as restlessness, difficulty sleeping, impaired concentration, heart palpitations, and excessive fear. High rates of severe anxiety among respondents indicate significant triggers, such as lack of social support, economic pressure, low health literacy, and the burden of motherhood or wifehood in certain situations (e.g., pregnancy, postpartum, or caring for a sick child) (Maulidatul, 2021). Anxiety arises from repetitive negative thought patterns, exaggerated interpretations of threats, and an individual's inability to control their perception of stressful situations. Under conditions of stress or uncertainty, individuals who lack adaptive coping strategies are more susceptible to severe anxiety. Furthermore, Maslow's hierarchy of needs theory suggests that when basic needs, such as safety, are not met, individuals will experience psychological disorders, including anxiety (Muchtar, 2019) .

Husband Support Relationship with Level Anxiety Facing Childbirth

The analysis of the relationship between husband's support and maternal anxiety in facing childbirth at the Bancak Health Center area revealed that the majority of respondents who lacked spousal support experienced severe anxiety or even panic, amounting to 29 respondents (46%), and the fewest respondents having support from their husbands and not having any level of anxiety, mild anxiety, moderate anxiety, amounting to 6 respondents (9.5%). Results of statistical tests using *Spearman's Rank* obtained a *p value of* e (0.001) < α (0.05), so it can be concluded that there is a relationship between husband's support with level anxiety about childbirth in the Bancak Health Center work area. This aligns with Arfiyanti's (2022) theory , which states that husband's support is a factor influencing anxiety levels. Therefore, when a partner provides emotional, informational, instrumental, and appreciative support, pregnant women become calmer and less anxious. During pregnancy, a husband should support his wife, as she can sometimes face frightening and lonely situations. Therefore, he is expected to continue to support and encourage his wife.

Husband support can also help expectant mothers reduce anxiety and regain their confidence during pregnancy. This aligns with the concept of a " watchful husband," meaning that the husband is alert and identifies danger signs. It is expected that the husband will accompany his wife to the doctor for a prenatal checkup every time they visit to determine the status of her pregnancy (Yanti, 2022) . During pregnancy, the husband must support his wife because the wife sometimes faces frightening situations and is alone, so it is expected that the husband continues to motivate and accompany his wife. Husbandly support can also help expectant mothers reduce anxiety and increase their confidence in pregnancy and childbirth. This aligns with the concept of a "standby husband," which means a husband must be alert to pregnancy warning signs and be ready to accompany his wife to the doctor for prenatal checkups at every prenatal visit. Furthermore, a husband should always accompany his wife to monitor her pregnancy progress (Eka, 2024).

CONCLUSION

Statistical testing with *Spearman's Rank* produced a p-value of 0.001, which is lower than the significance threshold of 0.05. This finding indicates that husband's support is significantly associated with the level of maternal anxiety in facing childbirth within the Bancak Health Center area.

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